

Excellence in Worklife Wellness 2008 SILVER Award Application

Excellence in Worklife Wellness Awards Mission

The purpose of the Excellence in Worklife Wellness Awards is *to encourage, recognize, educate and create a standard of excellence for worksite wellness programs.*

Montana Worklife Wellness Coalition Goal for the Awards

- To recognize employers in Montana who are taking progressive steps to increase employee satisfaction and productivity via an awards model that encourages and guides worksites to implement best practices in the workplace.
- We hope to set the bar high with this educational tool—we seek a high standard and recognize that it may be difficult for small businesses to achieve. The awards provide a standard of credibility and can be a goal to strive toward in any organization.

Application Deadline:

Applications accepted between January 1 and Feb 13, 2008 only.

Application Submission Process:

1. Save/copy SILVER Award Application on your computer.
2. Complete SILVER Award Application.
3. Print the SILVER Award Application on colored paper (any color-one color for all pages). Note: the purpose of the colored paper is to separate sections to facilitate the reviewing process.
4. Insert the applicable documentation behind each colored page of the application. Print supporting documents on white paper or use original marketing materials. Ensure each supporting document is properly labeled with quality standard number and letter.
5. Submit five (5) hard copies of SILVER Award Application packets to:

Chelsea A. Fagen
Health Education Specialist
Cardiovascular Health Program, DPHHS
1400 Broadway, Cogswell Building
PO Box 202951
Helena, MT 59620-2951

Application Tutorial: To receive assistance and ask questions about the application, please make a reservation at least one (1) week in advance of the call date with Chelsea Fagen at 406-444-4105 or cfagen@mt.gov. The tutorial sessions will be December 19, 2007 from 10:00 – 11:30 am and January 16, 2008 from 10 – 11:30 am.

Award Presentation:

All applicants will be advised of their award status by April 10, 2008. Award recipients are expected and encouraged to attend the 2008 Montana Worklife Wellness Conference to accept their award in person. [The 2008 Conference will be in West Yellowstone on May 21-22, 2008.](#)

Questions or additional information - contact:

Chelsea A. Fagen, (406) 444-4105, cfagen@mt.gov

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Please complete this form to apply for a Silver Award:

Name of Organization:

Address:

City, State, Zip:

Contact Person:

Phone:

Email:

Wellness Website:

If applicable

Submission Date:

For Review Committee Only
<input type="text"/> Meets Criteria <input type="text"/> Does Not Meet Criteria <input type="text"/> Committee Discussion Required

1. Management Commitment

Worksite Wellness Quality Standard:

The program must have commitment from senior management that supports organizational policies and dedicates sufficient resources, such as equipment/tools, personnel, facilities, and funding.

WHY is management commitment important?

[click here](#)

SILVER Award Application Requirements:

1. Indicate full Silver level program in operation a minimum of one (1) year.

Instructions: By checking the box, you affirm that your Wellness Program has been in operation at a full Silver level for that period of time. Any qualifying indicator must have been in operation at least 1 year.

☐ 1 year ☐ 2-3 years ☐ 4-5 years ☐ More than 5 years

2. Document Senior Management support.

Instructions: Behind this page, insert one of the following documents. Check which box applies:

- ☐ A copy of a signed letter on company letterhead from the CEO or other key senior management describing his/her commitment to the 2007 wellness program.
- ☐ A copy of a company newsletter article or official marketing materials that quotes the CEO or other key senior management describing his/her commitment to the 2007 wellness program.

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For Review Committee Only

_____ Meets Criteria _____ Does Not Meet Criteria _____ Committee Discussion Required

1. Management Commitment

Continued

3. Indicate a minimum of three (3) corporate policies that contribute to an organizational wellness culture.

Instructions: Check all boxes below that apply (smoke-free workplace is required, plus 2 more; total of 3). Because it is difficult to demonstrate proof of each policy, a check mark affirms that the information is true and that you could show evidence if requested.

Required:

☐ Smoke-free workplace (must at least include inside of all buildings) REQUIRED

Optional:

☐ [Active workplace safety program](#)

☐ [Onsite child daycare](#) facility

☐ Healthy cafeteria and/or vending machine options

☐ Wellness mission clearly linked to business objectives or mission statement

☐ CEO philosophical and financial support of wellness program

☐ Organizational wellness culture (peer support, healthy fun, shared values, etc.)

☐ Productivity management strategies employed where other departments are involved, such as benefits, safety, wellness, human resources, workers' comp, etc.

☐ [Medical/benefit insurance coverage](#) for preventive services (e.g., health screenings or lab tests, mammograms, annual exams, pap or prostate exams)

☐ [Consumer driven health plan](#) (high deductible with Health Savings Account) offered as insurance option

☐ All employees are eligible for pay bonuses, which are clearly defined (see [Health as Human Capital Foundation](#))

☐ Management policies that reward being healthy or moderate/reduce stress

☐ [Flex or work-time](#) to participate in health/wellness activities

☐ [Montana PHSD - Cardiovascular Health Program - Staff](#)
Flexible work schedules or job sharing

☐ New employee wellness orientation

☐ Promotion of alternate forms of transportation to/from work

☐ Onsite breastfeeding policy (private room and pumping area, flexible breaks)

☐ Other (other options may be acceptable – subject to approval by Review Committee)
Explain:

☐ [Flexible spending account](#)

Attached Documentation Required

For Review Committee Only

_____ Meets Criteria _____ Does Not Meet Criteria _____ Committee Discussion Required

2. Leadership

Worksite Wellness Quality Standard:

To be most effective, the program must have leadership from well-qualified health promotion or worksite wellness professionals in the program's design, implementation and ongoing operations.

WHY is qualified leadership important?

click here

SILVER Award Application Requirements:

1. Indicate program leadership by an Onsite or Consultant Health Promotion or Worksite Wellness Professional. At the Silver level, a business may employ an onsite professional (option A) or a professional consultant with an onsite coordinator (option B).

Instructions: Complete option A or B. Check all boxes that apply under that option.

Option A: ☐ **Onsite Professional** - Background must meet one (1) criterion below:

- ☐ M.S. Health Promotion/Health Education or similar
- ☐ B.S. Health Promotion/Health Education or similar
- ☐ 5 years experience managing a worksite wellness program
- ☐ Human Resource & Benefits Experience
- ☐ 2 years experience managing a worksite wellness program, plus completion of training through one of the following:
 - ☐ Well Workplace University (WELCOA)
 - ☐ Successful Health Management Systems Seminar (Wellsource)
 - ☐ Certified Worksite Wellness Program Coordinator* (<1,000)
 - ☐ Certified Worksite Wellness Program Manager* (1,000 -10,000)
 - ☐ Certified Worksite Wellness Program Director* (>10,000)
 - ☐ Certified Worksite Wellness Program Consultant*
 - ☐ Executive Certification in Health Promotion and Corporate Wellness by Spencer University of Southern California

(*The four certification programs are offered by Larry Chapman (WebMD, previously Summex) at the National Wellness Conference in Stevens Point, Wisconsin in July. They may soon be offered via teleclass).

Name and title of Onsite Professional: _____

Continued

For Review Committee Only

_____ Meets Criteria _____ Does Not Meet Criteria _____ Committee Discussion Required

2. Leadership

Continued

Option B: ☐ **Professional Consultant, plus Onsite Coordinator**

- Background of **Professional Consultant** must meet one criterion below:

- ☐ M.S. Health Promotion/Health Education or similar, plus 5 years experience
- ☐ B.S. Health Promotion/Health Education or similar; plus 5 years experience
- ☐ Certified Worksite Wellness Program Consultant,* plus 5 years experience
- ☐ Human Resource & Benefits Experience

- **Professional Consultant** (check which box applies)

- ☐ Oversees entire program
- ☐ Oversees a portion of current program (acceptable)
- ☐ Provided guidance during start-up only (acceptable)

- Background of **Onsite Coordinator** must meet at least minimum criteria below:

- ☐ 2 years experience managing a worksite wellness program, plus completion of training through one of the following:
 - ☐ [Well Workplace University](#) (WELCOA)
 - ☐ Successful Health Management Systems Seminar (Wellsource)
 - ☐ Certified Worksite Wellness Program Coordinator* (<1,000)
 - ☐ Certified Worksite Wellness Program Manager* (1,000 -10,000)
 - ☐ Certified Worksite Wellness Program Director* (>10,000)
 - ☐ Certified Worksite Wellness Program Consultant*
 - ☐ Executive Certification in Health Promotion and Corporate Wellness by Spencer University of Southern California
 - ☐ Other: (other options may be acceptable – subject to approval by Review Committee)
Explain:
- ☐ Exceeds minimum requirement (M.S., B.S., or 5 years experience)

(*The four certification programs are offered by Larry Chapman (WebMD, previously Summex) at the National Wellness Conference in Stevens Point, Wisconsin in July. They may soon be offered via teleclass).

Name and title of Professional Consultant: _____

Name and title of Onsite Coordinator: _____

Continued

For Review Committee Only

_____ Meets Criteria _____ Does Not Meet Criteria _____ Committee Discussion Required

2. Leadership

Continued

2. Demonstrate program leadership by an Onsite or Consultant Health Promotion or Worksite Wellness Professional.

Instructions: Behind this page, insert a copy of a master's degree, bachelor's degree, evidence of 5 years experience (1 page resume), or the applicable training certificate. Insert one (1) copy for Option A for the Onsite Professional. Insert two (2) copies for Option B; one (1) for the Consultant and one (1) for the Onsite Coordinator.

Attached Documentation Required

For Review Committee Only
<input type="checkbox"/> Meets Criteria <input type="checkbox"/> Does Not Meet Criteria <input type="checkbox"/> Committee Discussion Required

3. Mission

Worksite Wellness Quality Standard:

The program must have a clear statement of mission, purpose, and goals that declares the organization's commitment to motivate and assist a significant proportion of employees to practice healthier lifestyles.

WHY is a mission important?

click here

SILVER Award Application Requirements:

1. **Demonstrate a clear mission statement of who you are and what you do.** No supporting documents necessary.

Instructions: Write the wellness program mission statement below.

Mission Statement:

2. **Confirm that the mission statement reflects a mission that focuses on evidence-based, targeted information, for healthy and high-risk groups.**

Instructions: At the Silver level, your mission should focus on providing **evidence-based, targeted information, for healthy and high-risk groups**. Indicate below if you agree that your wellness program mission reflects that level of programming. If you select "no," please provide a brief explanation or justification.

☐ Yes ☐ No

If no, explain/justify:

No Attached Documentation Required

For Review Committee Only

_____Meets Criteria _____Does Not Meet Criteria _____Committee Discussion Required

4. Assessment Tool

Worksite Wellness Quality Standard:

The program must have a process or tool for assessing organizational and individual needs, risks and costs to ensure appropriate interventions are offered to that population.

WHY is an assessment tool important?

click here

SILVER Award Application Requirements:

1. Indicate usage of two (2) assessment tools.

Instructions: Indicate below what kind of assessment tools your organization used to evaluate your organization's needs, risk and/or costs. At the Silver level, you must have a Health Risk Appraisal (HRA) and at least one additional assessment tool.

- ☐ [Health Risk Appraisal or HRA](#)* (required).....☐ Voluntary participation
☐ Incentivized participation
☐ Offered annually
☐ Offered every two years
- ☐ Annual [Health Screenings](#) (e.g., blood pressure screening, tobacco cessation resources, lab work-lipids, glucose, etc.)
- ☐ [Medical Claims Data](#)
- ☐ Other (other options may be acceptable – subject to approval by Review Committee)

Explain:

*(*Note: For the next award cycle, Silver applicants will be required to demonstrate an annual or every two-year HRA implementation cycle and at least 30% participation rate in the HRA).*

2. Demonstrate sample of two (2) assessment tools.

Instructions: Behind this page, insert the HRA option checked below and a sample document of the other assessment tool utilized. Check which boxes apply:

- ☐ Blank copy of Health Risk Appraisal (HRA)....or.....☐ Copy of HRA corporate report
- ☐ Copy of Health Screening report (e.g., lab report, BP record; no visible names)
- ☐ Copy of one page of Medical Claims Data report (no visible names)
- ☐ Other (other options may be acceptable – subject to approval by Review Committee)

Attached Documentation Required

For Review Committee Only

_____Meets Criteria _____Does Not Meet Criteria _____Committee Discussion Required

5. Target Audience

Worksite Wellness Quality Standard:

The program design must have a target audience to address the most significant health risks to our nation, specific risks within the employee population and needs of the organization.

WHY is a targeted audience important?

click here

SILVER Award Application Requirements:

1. Indicate below the target audience of your programs.

Instructions: Check all boxes that apply below regarding what audience your wellness program targets, as defined by your assessment tools. At the Silver award level, you must provide voluntary interventions for healthy employees and target at least one high-risk group. No supporting documents necessary.

☐ [Interested/Healthy employees](#) - voluntary participation (required)

☐ [High risk](#).....☐ Based on aggregate HRA data
(at least one source required) ☐ Based on health screenings
☐ Based on medical claims data
☐ Based on national trends (heart disease, diabetes, depression)
☐ Based on other sources (other options may be acceptable –
subject to approval by Review Committee)
Explain:

High risk focus.....☐ Heart Disease
(at least one focus required) ☐ Diabetes
☐ Metabolic Syndrome
☐ Depression
☐ Hypertension
☐ Overweight
☐ Smokers
☐ Job Burnout, Stress
☐ Other (other options may be acceptable – subject to approval
by Review Committee)
Explain:

No Attached Documentation Required

For Review Committee Only

_____Meets Criteria _____Does Not Meet Criteria _____Committee Discussion Required

6. Interventions

Worksite Wellness Quality Standard:

The program must have high quality and convenient programs (a.k.a. interventions) that motivate participants to achieve lasting behavioral changes based on the assessment tools and the target audience.

WHY are interventions important?

click here

SILVER Award Application Requirements:

1. Indicate a minimum of at least nine (9) interventions (5 from a; 4 from b).

Instructions: Check at least five (5) boxes that apply below (reflect Bronze level).

- ☐ A) Advertise or promote [community health/wellness services](#) (e.g., MT Tobacco Quit Line)
- ☐ B) [Employee Assistance Program](#) (EAP)
- ☐ C) [Wellness Classes](#) (3 topics minimum, 1 hour minimum/topic) (Focus: skill-building experiences, integrating behavior into lifestyle, goal-setting such as stress management, exercise, nutrition, back care, tobacco cessation, depression, weight loss, wise healthcare consumerism, etc.)
- ☐ D) [Brown Bag Lunches](#) (3 topics minimum, 30-60 minutes each)
- ☐ E) Health Education (e.g., newsletter, bulletin board, flyers/brochures, health campaign, online HRA)
- ☐ F) Fitness Product Sales or Give-a-ways (e.g., pedometers, exercise balls, yoga mats)
- ☐ G) [Fitness Campaign](#)...or... ☐ [Walking Club](#)
- ☐ H) Annual Health Fair (e.g., health information, immunizations, health screenings)
- ☐ I) [Ergonomic Assessments](#) (focus on prevention of carpal tunnel, back injury, etc.)
- ☐ J) Onsite Relaxation/Meditation Room...or... ☐ Onsite Chair Massages
- ☐ K) Healthy Eating Promotion (e.g., healthy meeting snacks or vending machines, free fruit)
- ☐ L) Health/Wellness Lending Library (e.g., videos, books, newsletters)
- ☐ M) Other (other options may be acceptable, including Gold level interventions; other unlisted interventions are subject to approval by Review Committee)
Explain:

Continued

For Review Committee Only

_____ Meets Criteria _____ Does Not Meet Criteria _____ Committee Discussion Required

6. Interventions

Continued

Instructions: Check at least four (4) boxes that apply below (reflect Silver award level).

- ☐ N) [Participant referral to physician for follow-up](#) (based on Health Screenings or HRA)
- ☐ O) Wellness Website (with health information, national health links)
Website:
- ☐ P) Onsite fitness facility...or...☐ Employer co-sponsored discount at local facility
- ☐ Q) [Medical self-care product](#)...☐ Books...or...☐ Online
Product (purchased): ☐ American Institute of Preventive Medicine ☐ Healthwise
☐ Mayo Clinic ☐ WebMD ☐ Other:
- ☐ R) 1-on-1 professional diet & exercise consultations...or...☐ Nurse Line
- ☐ S) [Disease Case Management program](#)...☐ In-house...or...☐ Outsourced
Target audience or disease:
- ☐ T) Active Targeted program with documented outcomes;
Briefly describe:
- ☐ U) Short-term incentive program (designed to increase participation);
Focus/Goal:
Duration:
Reward:
- ☐ V) Other (other options may be acceptable, subject to approval by Review Committee)
Explain:

2. Demonstrate marketing materials for each offered intervention.

Instructions: Behind this page, insert a copy of your marketing materials that advertise each offered intervention. Each intervention must be properly labeled (e.g., “G – Fitness Campaign”). Each page can reflect more than one intervention, but they must be grouped in order and labeled accurately for easy recognition by review committee.

Attached Documentation Required

For Review Committee Only		
_____Meets Criteria	_____Does Not Meet Criteria	_____Committee Discussion Required

7. Tracking System

Worksite Wellness Quality Standard:

The program must have efficient systems for tracking program operations, utilization and administration.

WHY is a tracking system important?

click here

SILVER Award Application Requirements:

1. Indicate at least two (2) methods of tracking program operations, utilization and administration.

Instructions: Check all boxes that apply below (minimum of 2); an HRA is required for Silver.

- ☐ [Health Risk Appraisal](#) or HRA (required)
- ☐ Participant utilization (of classes/programs) spreadsheet or table - hard copy
- ☐ Participant utilization (of classes/programs) spreadsheet – computerized (such as Excel)
- ☐ Accounting and tracking software program (designed solely for that purpose)
- ☐ Other (other options may be acceptable – subject to approval by Review Committee)

Explain:

2. Demonstrate method of tracking program operations, utilization and administration.

Instructions: Annual HRAs naturally lend themselves to being good Tracking Systems over time and although it is required, you have already provided documentation under #4 Assessment Tools. Insert behind this page a copy of a year-end document that illustrates your hard copy or computerized tracking tool (the other Tracking System you indicated above). A year-end report lists all your assessment tools (HRA, health screenings) and/or interventions (classes, programs) participation rates.

Attached Documentation Required

For Review Committee Only		
_____Meets Criteria	_____Does Not Meet Criteria	_____Committee Discussion Required

8. Measure Outcomes

Worksite Wellness Quality Standard:

The program must have a procedure for evaluating or measuring program quality and outcomes.

WHY is measuring outcomes important?

[click here](#)

SILVER Award Application Requirements:

1. Indicate how you measure outcomes (your program “scorecard”).

Instructions: Complete or check boxes as indicated below (complete sections A, B and C).

(A) Participant Utilization* (Best Practice Goal = 80%-90% HRA participation)

- a) Total number of employees and/or spouses eligible for wellness benefits: _____
- b) Percentage of those who participated in at least one (1) intervention in 2007: _____
- c) Percentage of those who completed an HRA during 2007: _____

**No penalties for low participation rates at this time. During the next award cycle, Silver applicants will be required to demonstrate an annual or every two-year HRA implementation cycle and at least a 30% HRA participation rate, which is benchmark for voluntary HRAs.*

(B) Participant Satisfaction (Best Practice Goal = high participant satisfaction)

- ☐ Class evaluations that measure participant satisfaction (required).
- ☐ Summary of class evaluations that tabulates participant responses (such as, 90% liked the class; 85% would recommend the class to others, etc.) (required).

(C) Participant Low Risk (HRA) Status (Best Practice Goal = 70%-85% Low Risk)

- a) Percentage of 2006 HRA participants who are low risk: _____ (not required)
- b) Percentage of 2007 HRA participants who are low risk: _____ (required)

2. Demonstrate how outcomes were measured.

Instructions: Annual HRAs are used to Measure Outcomes over time and although it is required, you have already provided documentation under #4 Assessment Tools. Insert behind this page one (1) example of a Class Evaluation you typically use and one (1) example of a Summary of Class Evaluations.

Attached Documentation Required

For Review Committee Only		
_____Meets Criteria	_____Does Not Meet Criteria	_____Committee Discussion Required

9. Communicate Results

Worksite Wellness Quality Standard:

The program must have a system for communicating the program results to employees and senior management.

WHY is communicating results important?

[click here](#)

SILVER Award Application Requirements:

1. Indicate what information you include in your Annual Wellness Report.

Instructions: You must produce an Annual Wellness Report for a Silver Award. Indicate below what is included in your report. Check all boxes that apply (at least two (2) are required, all are recommended).

- ☐ Health Risk Appraisal (HRA) corporate report or executive summary
- ☐ Participant Utilization (classes, programs, services)
- ☐ Participant Satisfaction: Summary of Class Evaluations
- ☐ Participant Low Risk (HRA) Status
- ☐ Program accomplishments
- ☐ Program challenges
- ☐ Program goals
- ☐ Other
Explain:

2. Indicate to whom you communicate program results.

Instructions: Check which box applies below.

- ☐ Senior management only
- ☐ Senior management and employees (recommended)

3. Demonstrate usage of an Annual Wellness Report.

Instructions: Insert behind this page a copy of your most recent report.

Attached Documentation Required

For Review Committee Only		
_____Meets Criteria	_____Does Not Meet Criteria	_____Committee Discussion Required

10. Marketing

Worksite Wellness Quality Standard:

The program must have effective marketing to achieve and maintain high participation.

WHY is marketing important?

[click here](#)

SILVER Award Application Requirements:

1. Indicate at least three (3) marketing methods.

Instructions: Check all boxes that apply to indicate your marketing strategies (minimum of 3).

- ☐ Flyers, brochures
- ☐ Paycheck stuffers
- ☐ Newsletters (either company newsletter with wellness section, or entire wellness newsletter)
- ☐ Mass marketing letters sent to work addresses or included in lab results
- ☐ Home mailings (marketing materials sent home)
- ☐ Email
- ☐ Website
- ☐ Faxes
- ☐ Targeted personal invitations
- ☐ Other
Explain:

2. Demonstrate your marketing material(s).

Instructions: Insert behind this page three (3) samples of your marketing materials, as indicated in the boxes checked above. For example, copy of a sample flyer, newsletter, letter, or printed homepage of your wellness website.

Attached Documentation Required

For Review Committee Only		
_____Meets Criteria	_____Does Not Meet Criteria	_____Committee Discussion Required